

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/548407

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3	2		1			
4	2		1			
5	2		1			
6	1		1			
7	1		1			
8	1		1			
9						
10			1			
11			1			
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49						
50						
TOTAL IND.			1			
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS						